

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/556222-

FILING DATE

18 JAN 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	0				
2	0	0				
3	0	0				
4	0	0				
5	0	0				
6	0	0				
7	0	0				
8	0	0				
9	0	0				
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16	0	0				
17	0	0				
18			1	0		
19				0		
20				0		
21				0		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	16	←	20	←		←
TOTAL CLAIMS	17		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						